

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18	1		1			
19		1		1		
20		2		1		
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34		2		1		
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40						
41						
42						
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		2		2		
TOTAL DEP.		32		40		
TOTAL CLAIMS		34		42		

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												1
52												1
53												1
54												1
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												